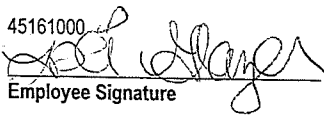
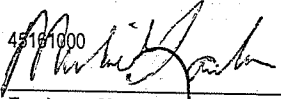
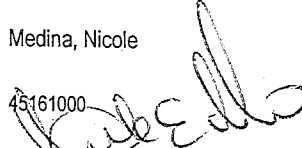



Director's Signature: _____

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 5, 2010


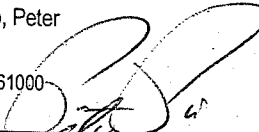
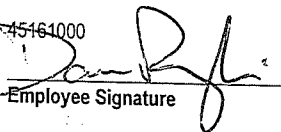

Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out			6:45 4:15	6:45 2:45	6:45 2:45	6:45 4:15	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	1.5 hr OT		1.5 hr OT	1.5 hr OT	
Lawler, Michael 45161000  Employee Signature	Day: In - Out			8:00 5:15	8:15 5:15	8:00 5:30	7:50 6:05	7:20 5:55
	Lunch: Out - In			1:45 2:15	1:00 1:30	12:30 1:00	10:45 12:00	1:00 1:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	1.25 OT	1.0 OT	1.5 OT	1.0 OT	10.0 O.T.
Medina, Nicole 45161000  Employee Signature	Day: In - Out			7:55 3:55	7:35 3:35	7:45 3:45	8:30 3:00	
	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5				1.5 hrs Sick	
O'Brien, Elisbeth 45161000  Employee Signature	Day: In - Out			7:55 1:55	7:45 5:15	7:35 2:35	7:30 2:10	
	Lunch: Out - In				11:30 12:00	12:00 12:30	11:30 12:00	
	Outside Duty: From - To					11:15 12:00		
Document exceptions or comments, indicate type and amount.			HLN 7.5 VAC 1.5	CIT 0.5		DCU	CMT 0.5	

Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 5, 2010

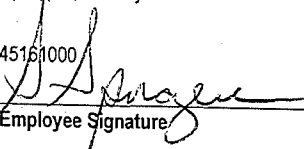


Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10
Philips, Gloria 45161000 	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	CMT 7.5 hr	CMT 7.5	CMT 7.5	CMT 7.5	
Piro, Peter 45161000 	Day: In - Out				8:00 6:30	7:45 6:15	6:45 6:15	6:45 5:20
	Lunch: Out - In				12 12:30	12 - 12:30	12 12:30	12 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	VAC 7.5	OT 2.5	OT 2.5	OT 3.5	OT 10.0
Renczkowski, Daniel 45161000 	Day: In - Out			6:45 4:45	6:45 4:45	6:45 4:45	6:45 4:45	6:45 2:45
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To					11:15 12:00		
Document exceptions or comments, indicate type and amount.			HLN 7.5	OT 2.0 hr	OT 2 hrs	DCU OT 2 hrs	OT 2 hrs	OT 7.5 hr
Saunders, Della 45161000 	Day: In - Out		6:45 4:45	6:45 4:45	6:45 5:45	6:45 4:45	6:45 8:45	
	Lunch: Out - In		1:30 2:00	1:30 2:00	1:30 2:00	1:40 2:10		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	OT 2.0 hr	OT 3.0 hr	OT 3 hrs	VAC 5.5	

Director's Signature: _____

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 5, 2010

Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10
Sprague, Shirley 45161000  Employee Signature	Day: In - Out		/	8:50 9:00	9:00 4:00	/	9:00 5:00	
	Lunch: Out - In		/	1:00 1:30	1:00 1:30	/	1:00 1:30	
	Outside Duty: From - To		/			/		
	Document exceptions or comments, indicate type and amount.		HLN 7.5 ✓			SIF 7.5 ✓		
Tan, Zhi 45161000  Employee Signature	Day: In - Out		/	6:45 12:45	6:45 6:15	6:45 6:15	6:45 6:15	6:45 8:45
	Lunch: Out - In		/		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To		/					
	Document exceptions or comments, indicate type and amount.		HLN 7.5 ✓	Com. 1.5 ✓	OT 3.5 ✓	OT 3.5 ✓	OT 3.5 ✓	OT 9.5 ✓
Tran, Mai 45161000  Employee Signature	Day: In - Out		/		8:15 2:15	7:45 3:00		
	Lunch: Out - In		/			11:45 12:15		
	Outside Duty: From - To		/					
	Document exceptions or comments, indicate type and amount.		HLN 3.75 VAC 2.25 ✓					
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/5/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: [Signature] Date: 6/2/10

Department Head: [Signature] Date: 6/2/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	10.0 hrs			
Peter Piro	138624	10.0 hrs			
Daniel Perzkowski	297673	7.5 hrs			
Zhi Tan	148724	9.5 hrs			